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CONFIRMATION NO. 7839



Bib Data Sheet

<b>SERIAL NUMBER</b> 09/724,685	<b>FILING DATE</b> 11/28/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 014058-008561US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/818,112 03/13/1997 PAT 6,290,969  
which is a CIP of 08/730,510 10/11/1996 ABN  
which is a 371 of PCT/US96/14674 08/30/1996  
and is a CIP of 08/680,574 07/12/1996 ABN  
which is a CIP of 08/659,683 06/05/1996 ABN  
which is a CIP of 08/620,874 03/22/1996 ABN  
which is a CIP of 08/533,634 09/22/1995 ABN  
which is a CIP of 08/523,436 09/01/1995 ABN

*MS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 05/02/2001

Foreign Priority claimed <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 11	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature <i>GGY</i> Initials				

**ADDRESS**

20350

**TITLE**

Compounds and methods for immunotherapy and diagnosis of tuberculosis

<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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